

## **ETHICS POLICY ACKNOWLEDGMENT FORM**

To be completed by members and employees of the Ohio boards of elections and employees of the secretary of state. For board of elections members and employees, a copy of this completed form is to be filed with the Secretary of State's Election's Division. For Secretary of State employees, return the completed form to your supervisor.

I \_\_\_\_\_ hereby acknowledge that I have reviewed the  
(Printed name of board member or board/sos employee)  
Secretary of State's Ethics Policy and Ohio ethics laws, that I will comply with the same, and that failure to comply with the ethics policy or Ohio ethics laws may result in disciplinary action, which may include dismissal for employees of secretary of state or removal for members and employees of the boards of elections.

\_\_\_\_\_  
(Signature of board member or board/sos employee)

\_\_\_\_\_  
(Date signed)